LOCATION PATTERNS OF RECENT PHYSICIAN SETTLERS IN RURAL AMERICA

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ABSTRACT: The location patterns of young physicians who settled in the most rural communities of America between 1973 and 1976 are analyzed. The majority of these recent rural settlers were primary care practitioners. They tended to be the alumni of state university medical schools in states with large rural populations. Foreign medical graduates were heavily represented. The principal finding—a tendency toward further concentration of rural physicians within existing medical communities—suggests that those rural communities with the greatest needs may remain underserved without the assistance of organized external programs.

Maldistribution of physicians favoring urban over rural areas has been recognized as a problem in the United States since at least 1923.¹ The problem worsened during the Great Depression and World War II and reached a crisis in the late 1950s and 1960s before being addressed on a national scale by health personnel and service programs enacted and implemented in the 1970s.

The recent large increase in the total number of physicians being trained in the United States has led to speculation that the law of supply and demand will ultimately work in the medical marketplace and that a forthcoming physician surplus will “trickle down” into rural areas and alleviate the physician shortage. Indeed, it is already apparent, in many of the smaller cities and larger towns which serve as the commercial centers of rural regions, that the size and diversity of the medical community have increased substantially in recent years. For example, Schwartz and colleagues found that in a sample of rural towns of between 10,000 and 20,000 population, only 11% had a board certified urologist in 1970, but by 1977, 26% of these towns had one. However, while such central places have more physicians of all types today than they once did, few of them ever experienced a critical shortage. These are not the communities that in the 1950s applied for help through the Sears Roebuck Foundation, that took out “our town needs a doctor” advertisements in the 1960s, or that were designated eligible for National Health Service Corps assignments during the 1970s. The severe physician shortage has been felt mostly in the smaller rural communities, those too small to support even a modest assortment of specialists but still seeking the return of the country doctors they once had. And it is still too early to know how much these smaller places might be helped by the increase in total physician supply that the nation is now experiencing.

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The pattern of physician settlement in rural communities has never been well documented on a national basis. Although several excellent reports describe characteristics of rural physicians, and a few deal with considerations bearing upon physicians' decisions to begin practice in rural communities, these studies share certain flaws that limit their use. First, most of them focused on entire populations of rural doctors, aggregating those who had only just moved to a rural location with the much larger number who had been there for many years. Secondly, they often failed to differentiate between degrees of rurality and instead adopted the convention of "nonmetropolitan" (any place outside a Standard Metropolitan Statistical Area) as a substitute for "rural". The limitation of this convention is that it combines rural growth centers—towns of up to 50,000 population—with smaller communities that feel the rural physician shortage most severely. Finally, some of the best of these studies are now already a decade or more old. The characteristics of recent physician settlers in the most problematic rural areas, and the professional environments selected by these physicians, have not been described previously on a national basis.

This brief report describes settlement patterns of younger physicians who located during the mid-1970s in the most rural communities of America. It thus provides one early indicator of how the general increase in physician supply may be affecting the less densely populated parts of the nation. The pattern described here may or may not have held through the late 1970s; and, although one might speculate that as the total supply of physicians increases still more in the future their settlement patterns will change also, neither historical nor international evidence suggests that physicians as a group respond remarkably to changes in their supply and demand in terms of settlement patterns. Such speculation will need to be tested by further collection of data.

**METHOD**

This study compared data obtained for another purpose (a mailing list) with published compilations of data from the same source at two prior points in time. A list of names was purchased from a vendor of the American Medical Association's Masterfile. The list included all physicians except those practicing anesthesiology, radiology, and pathology, who practiced in a rural county and were 45 years of age or younger as of August 1977.

The AMA Masterfile is the most comprehensive source of physician data in the United States. It includes certain basic information—name, address, age, type of practice, specialty certification, and medical school—on all American-trained physicians and foreign medical graduates residing in the United States. Studies of the quality of Masterfile data have found it to be a generally accurate source. Such inaccuracies as occur are mostly insignificant, resulting from the time lag between the date of a physician's move from one